cally affected members in three successive generations. A simple autosomal dominant inheritance due to a single abnormal gene was postulated. I have since investigated another family showing a similar mode of inheritance. In this second family there are 21 members with a hiatal hernia (all proved radiologically) in four successive generations. Apart from these high risk families, additional studies have shown that younger siblings of children with a hiatal hernia have an approximate 10% risk of being similarly affected.[3] That a hereditary factor contributes to the etiology of many cases of hiatal hernia would therefore seem irrefutable.

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Iridocyclitis Is Not Characteristic of Still's Disease

TO THE EDITOR: In his otherwise excellent review of adult Still's disease,[1] Dr Larson states, "Interestingly iridocyclitis is apparently not a problem in adults." The misleading implication is that iridocyclitis is common in children with Still's disease. It certainly is not.

The term juvenile rheumatoid arthritis (JRA) is unfortunately applied to a diverse group of diseases. In at least two subsets of patients, JRA is strongly associated with iridocyclitis. In one subset a pauciarticular arthritis develops usually between the ages of 2 and 6. This subset tends to be female, tends to develop antinuclear antibodies (ANA) and frequently develops bilateral, chronic iridocyclitis with sequelae such as band keratopathy and cataract formation.[2,3] A pauciarticular arthritis also develops in a second subset, with a later median age of onset. In this subset, test findings usually are HLA-B27 positive and ANA negative, and frequently sacroiliitis develops.[3,4] The iridocyclitis found in this subset is acute and predominates in one eye. The ocular disease is usually more benign than in the former group. Neither of these subsets have hallmarks of Still's disease, such as evanescent rash, high fever, lymphadenopathy, leukocytosis or hepatosplenomegaly.

In one survey of 668 patients with JRA, 68 patients had iridocyclitis but none of these were included in the subset of JRA characterized by rash and high fever.[4] In another series, 368 children with JRA underwent periodic eye examinations. Of the children, 66 had systemic onset disease with fevers, rash, adenopathy and visceral involvement. In none of these patients did iridocyclitis develop.[5] Finally, in a third series acute iridocyclitis was found in 2 of 36 patients with "systemic onset" JRA.[6]

By combining these three large series, one finds an incidence of iridocyclitis in juvenile Still's disease of less than 2%. In Dr Larson's review of 59 patients with adult Still's disease, an absence of iridocyclitis is not a significant deviation from the incidence in childhood disease. By contrast, iridocyclitis develops in 53% of children with ANA-positive, early-onset, pauciarticular JRA[2] and in 25% of children with pauciarticular, late-onset, HLA-B27-associated JRA when followed into adulthood.[4]

JRA is a misleading disease description. The term Still's disease for both children and adults should be reserved for a very distinct subset of patients in whom iridocyclitis is rarely found to occur despite diligent ophthalmologic surveillance.

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HLA Typing in Hashitoxic Periodic Paralysis

TO THE EDITOR: I read with great interest the letter "Thyrotoxic periodic paralysis in Navajos—HLA typing" by Williams.[1] Dr Williams has provided us with a lot of insight about HLA typing in patients with thyrotoxic periodic paralysis.

I have reported the cases of two Chinese brothers with hashitoxicosis (Graves' disease with Hashimoto's thyroiditis) evidenced by the presence of thyroid antibodies in addition to elevated thyroxine levels.[2] These two brothers also had a history of periodic paralysis. The association of familial occurrence of hashitoxicosis and periodic paralysis has not been reported before.

Recently, HLA typing was carried out on these two brothers and showed the following antigens: A2, Aw33, Bw58, Bw60, Cw3, Cw4; and Aw24, A11, Bw22, Bw60, Cw3 and Cw7, respectively. Thus these two patients share the Bw60 and Cw3 antigens in common. Further case reports are necessary to delineate the link between these antigens and hashitoxic periodic paralysis.

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